Franciscan Community Counseling, Inc.

BIOPSYCHOSOCIAL HISTORY

Client _____ **Date** _____

Physical/Mental Health

Current physical health [ ] Good [ ] Fair [ ] Poor

Primary care physician
Name_____ Phone_____

Psychiatrist
Name _____ Phone_____

History of the following in the family?
[ ] thyroid problems [ ] heart disease
[ ] cancer [ ] high blood pressure
[ ] diabetes [ ] head trauma
[ ] headaches
[ ] other chronic or serious health problems:
_____

Non-psychotropic medications currently being taken (such as Lipitor or Protonix)

Medication	Dosage	Frequency	Since	Physician	Because of	Side Effects

[ ] [ ] Prior outpatient psychotherapy/counseling

No	Yes	Prior provider name	Dates	Diagnosis (if known)
			_____ - _____	
			_____ - _____	

[ ] [ ] Prior inpatient treatment for a mental health

No	Yes	Facility, city, state	Dates	Diagnosis (if known)
			_____- _____	
			_____- _____	

[ ] [ ] Psychotropic medication currently being taken (such as Prozac, Ativan, or Lithium)

No	Yes	Medication	Dosage	Frequency	Since	Physician	Because of	Side effects

[ ] [ ] Risk Factors ___homicidal ideation/plan/means ___suicidal ideation/plan/means ___grave disability
No Yes previous suicide attempts(s): _____date _____means; _____date _____means

Sleep
Average Hours _____
What I Need _____

Diet
Usual foods_____ _____ _____ _____ _____
Usual drinks_____ _____ _____

Insomnia ____ ____ ____ **Significant weight gain** ___ ___ ____ **significant weight loss**___ ___ ____
Beg Mid End No Yes Lbs No Yes Lbs

Exercise

Per week, I engage in this/these physical exercise(s) 20-25 minutes without stopping_____

_____ 3 / more times _____ 1 – 2 times _____ less than 1 time

Substance Usage

Substances used	First usage age	Current Use Yes/No	Frequency	Amount
[ ] alcohol	_____	_____	_____	_____
[ ] amphetamines/speed	_____	_____	_____	_____
[ ] barbiturates/owners	_____	_____	_____	_____
[ ] cocaine	_____	_____	_____	_____
[ ] hallucinogens (e.g., LSD)	_____	_____	_____	_____
[ ] inhalants (e.g., glue, gas)	_____	_____	_____	_____
[ ] marijuana	_____	_____	_____	_____
[ ] nicotine/ cigarettes	_____	_____	_____	_____
[ ] PCP	_____	_____	_____	_____
[ ] prescription_____	_____	_____	_____	_____
[ ] other _____	_____	_____	_____	_____

Treatment History

[ ] outpatient (age[s] ____ _____

[ ] inpatient (age[s] _____ _____

[ ] 12-step program (age[s] _____ ____ ____

[ ] stopped on own (ages[s] _____ ____ ____

[ ] other_____ (age[s] _____ _____

Socio-Cultural-Spiritual History

Formal Education Circle highest level completed

8 9 10 11 12 13 14 15 16 17 18+ _____

Occupational History/ Training

_____

_____

_____

_____

_____

_____

Present Stressors

[ ] Relationship

[ ] Educational

[ ] Occupational

[ ] Housing

[ ] Economic

[ ] Access to Service

[ ] Legal/ Law Enforcement

[ ] Other Stressors

_____

_____

_____

_____

Cultural identity (e.g., ethnicity, religion)

_____

_____

Satisfaction with the way my life reflects my religious, moral, and ethical values

Satisfied 10 9 8 7 6 5 4 3 2 1 Unsatisfied

This page to be filled in when you meet with your therapist

Ways in which I contribute to the betterment of society_____

_____

Trauma History

Witnessed a crime/violence? □ No □ Yes If yes, describe and date.

Been the victim of a crime or violence? □ No □ Yes If yes, describe and date.

History of other trauma, sexual abuse, and physical abuse (describe and date)

My strengths, abilities and positive qualities

Other information I would like my therapist to know

Family History/Genogram